

## CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ e mail address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status M\_\_\_\_ S\_\_\_\_ D\_\_\_\_ Sep\_\_\_\_ W\_\_\_\_

Spouse's Name \_\_\_\_\_

Children: How many? Male\_\_\_\_ Female\_\_\_\_

Emergency contact: \_\_\_\_\_

How did you hear about Andrea Crouch, CHt.? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

\_\_\_\_\_

What previous efforts (if any) have you taken to resolve this issue? \_\_\_\_\_

\_\_\_\_\_

Have you previously been hypnotized? \_\_\_\_\_

### MEDICAL HISTORY

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Have you been under regular Medical or Psychological treatment in the past year?

Yes\_\_\_\_ No\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for an emotional/behavioral problem? Yes\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you had or do you now suffer from any prolonged illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Current medications you are taking \_\_\_\_\_

Have you had or are you suffering from:

High Blood Pressure \_\_\_\_\_ Ulcers \_\_\_\_\_ Asthma \_\_\_\_\_ Stress \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Anxiety \_\_\_\_\_ Migraines \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Condition \_\_\_\_\_ Cancer \_\_\_\_\_  
TMJ \_\_\_\_\_ Overweight \_\_\_\_\_ HIV/AIDS \_\_\_\_\_ Depression \_\_\_\_\_ OCD \_\_\_\_\_ ADD \_\_\_\_\_  
Hypoglycemia \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Food Allergies \_\_\_\_\_ Fatigue \_\_\_\_\_

Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Drink Alcohol? No \_\_\_\_\_ Occasionally \_\_\_\_\_ Moderately \_\_\_\_\_ A lot \_\_\_\_\_

Smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, do you smoke cigarettes? \_\_\_\_\_ Cigars? \_\_\_\_\_  
Pipe? \_\_\_\_\_ Chew? \_\_\_\_\_ How much per day? \_\_\_\_\_

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that the hypnotic methods used by Andrea Crouch, CHt. are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is taught to use their own abilities for their benefit and well – being. With this understanding, I hereby grant Andrea Crouch, CHt. permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed.

I know my progress is dependant upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result.

I (we) agree to pay for services rendered to the above named client as the charge is incurred.

**TWENTY FOUR HOUR NOTICE IS REQUIRED FOR ALL CANCELLATIONS. MISSED APPOINTMENTS OR CANCELLATION WITH LESS THAN 24 HOURS NOTICE WILL BE CHARGED HALF THE AMOUNT OF THE SESSION.**

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature  
(if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

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## WHAT THE CLIENT SHOULD EXPECT

Because you have decided to become a client of mine, I owe you some things:

- You should expect me as your hypnotist to schedule appointments and live by them.
- You should expect me as your hypnotist to perform at such a level of professionalism that the work will be superlative and endure.
- You should expect me as your hypnotist to be respectful.
- You should expect me as your hypnotist to be well trained and current.
- You should expect me as your hypnotist to speak to you in plain English and not use jargon.
- You should expect me to explain anything you do not understand clearly, and to answer any and all questions with patience and understanding.

Although I do not diagnose nor prescribe or tell people what to do, in the course of our treatment sessions, I suggest, educate, motivate and inspire people to get well. I do not provide physical or mental therapy. I am not a doctor or psychological counselor. Any suggestions or advice are general and should not be interpreted as a substitute for consulting with medical or mental health professionals. Accordingly, I take no responsibility for the consequences of any actions you might decide to take based on any comments or opinions I may express in the course of your visit.

Confidentiality: I will not release any information to anyone without a written authorization from you, except as provided for by law.

x \_\_\_\_\_

Packages purchased at a discounted rate are non-refundable.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

